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**To:** **Company:** **Fax Number:** **Tel Number:**  
**Examiner:** **U.S. Patent and Trademark Office** **571 - 273 - 8300**  
**Johannes P. Mondt** **Art Unit 3663**

**From:** Dariush G. Adli

**For internal purposes only: Please Return Fax to Rosa V.**

**Date:** July 28, 2006

**Client number:** 88519.0001

**Time:**

**Attorney billing number:** 5214

**Total number of pages incl. cover page:** 11

**Confirmation number:**

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**MESSAGE:**

**Patent Application No.: 10/748,734; Our Ref. 88519.0001**

I hereby certify that the following documents:

- ☒ Amendment Transmittal.
- ☒ Supplemental Amendment Under 1.116
- ☒ Petition for Extension of Time.

July 28, 2006

Date of Deposit

  
Firoozeh Vakiliadeh

are being facsimiled to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450., for filing in the above-identified application.

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WLA - 088519/COCOD01 - 317733 v1

FORM PTO-1083  
Appl. No. 10/748,734

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**JUL 28 2006**

**PATENT**  
Attorney Docket No. 88519.0001  
Customer No. 26021

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:  
Ken NAKAHARA  
Serial No.: 10/748,734  
Filed: December 30, 2003  
For: **TRANSPARENT ELECTRODE**

Art Unit: 3663  
Examiner: Mondt, Johannes P.  
Confirmation No.: 7543

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a Response to Restriction Requirement.

- ☒ Supplemental Amendment.  
☒ Petition for Extension of Time.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	13	-	14 **	0	LG=\$50 SM=\$25	\$ 0
INDEPENDENT CLAIMS FEE	4	.	5 ***	0	LG=\$200 SM=\$100	\$ 0.
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180	\$ 0
Independent Claims: 4, 5, 13, 14					<b>TOTAL</b>	\$ 0.

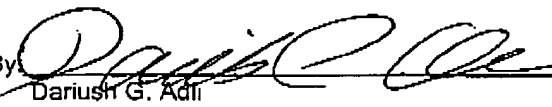
- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
-- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge the fee of **\$0** to cover the additional claim fee to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ Please charge the fee of **\$450.** for the **two-month** extension of time to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
HOGAN & HARTSON L.L.P.

Date: July 28, 2006

Biltmore Tower  
500 South Grand Avenue, Suite 1900  
Los Angeles, California 90071  
Telephone: 213 337-6700  
Facsimile: 213 337-6701

By   
Dariush G. Adli  
Registration No. 51,386  
Attorneys for Applicants

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Independent Claims: 4, 5, 13, 14					SMALL ENTITY FEE = \$180		\$ 0
					TOTAL		\$ 0.

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

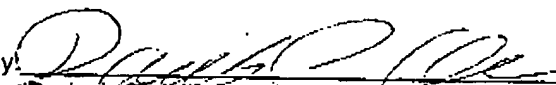
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